



MASSACHUSETTS FIREFIGHTING ACADEMY
APPLICATION FOR 12-WEEK RECRUIT TRAINING
FOR FULL TIME FIREFIGHTER POSITION



FIRE DEPARTMENT _____

APPLICANT'S NAME _____

APPLICANT'S HOME ADDRESS _____

_____ **CITY** _____ **STATE** _____ **ZIP**

APPLICANT'S S.S.# _____ **D.L.#** _____
(Please list both)

HOME TELEPHONE # _____ **E-MAIL ADDRESS** _____

D.O.B. _____

(VOLUNTARY FOR STATISTICAL PURPOSE)

PRESENT RANK _____ **DATE APPOINTED TO RANK** _____
The applicant must be full time status as of day one of Recruit Training

WAS APPLICANT EVER A FIREFIGHTER IN ANOTHER COMMUNITY: ☐ **YES** ☐ **NO**

IS APPLICANT A REGISTERED: *PLEASE PROVIDE NUMBERS FOR OEMS CREDITS*

EMT # _____ **PARAMEDIC #** _____ **FIRST RESPONDER** **YES** **NO**

EDUCATION HIGHEST GRADE LEVEL _____ **MILITARY/BRANCH** _____

APPLICANT'S SIGNATURE _____ **DATE** _____

MUST BE COMPLETED AND SIGNED BY HEAD OF DEPARTMENT

The completed application of _____, a member of this department for enrollment in the Massachusetts Firefighting Academy, is hereby forwarded with my approval.

In consideration of the Firefighting Academy permitting the above named person to use facilities made available to them at any location within the Commonwealth in order that he or she may further his or her training and ability in the Fire Service. I agree to hold harmless to the Academy; Department of Fire Services; the Executive Office of Public Safety; the Commonwealth of Massachusetts; the owners of any property or facilities made available to them; or any of their agents or employees because of any injury to the above named which may occur while using the facilities or participating in any training classes.

SIGNED _____ **TITLE** _____

_____ **day of** _____ **20** _____

Return to: Massachusetts Firefighting Academy, Attn Recruit Training Dept., P.O. Box 1025, Stow, MA 01775